

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

Samantha Meadows for Congress

ADDRESS (number and street)

80 N High St

☐ (Check if address is changed)

Chillicothe

CITY ▲

OH

STATE ▲

45601

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐ (Check if address is changed)

samanthameadowsforcongress.com@yahoo.com

Optional Second E-Mail Address

sammi.meadows@yahoo.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☒ (Check if address is changed)

www.votemeadows.com

2. DATE

MM / DD / YYYY
11 / 01 / 2021

3. FEC IDENTIFICATION NUMBER ►

C C00793919

4. IS THIS STATEMENT ☐ NEW (N) OR ☒ AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mulcahey, David, , ,

Signature of Treasurer Mulcahey, David, , ,

Date

MM / DD / YYYY
08 / 15 / 2024

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 06/2012)

5. TYPE OF COMMITTEE:

Candidate Committee:

- (a) ☒ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate Meadows, Samantha, , ,

Candidate
Party Affiliation

DEM

Office
Sought:



House



Senate



President

State

OH

District

02

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of
Candidate

Party Committee:

- (d) ☐ This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party

Political Action Committee (PAC):

- (e) ☐ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:



Corporation



Corporation w/o Capital Stock



Labor Organization



Membership Organization



Trade Association



Cooperative



In addition, this committee is a Lobbyist/Registrant PAC.

- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)



In addition, this committee is a Lobbyist/Registrant PAC.



In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

- (g) ☐ This committee is an independent expenditure-only political committee (Super PAC).



In addition, this committee is a Lobbyist/Registrant PAC.

- (h) ☐ This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).



In addition, this committee is a Lobbyist/Registrant PAC.

Joint Fundraising Representative:

- (i) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (j) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.

C

2.

C

Write or Type Committee Name

Samantha Meadows for Congress

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NONE

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship: ☐ Connected Organization ☐ Affiliated Organization ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name Mulcahey, David, , ,

Mailing Address 5540 Fomorin Road

Williamsburg

OH

45176

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number 615 - 585 - 8319

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Mulcahey, David, , ,

Mailing Address 5540 Fomorin Road

Williamsburg

OH

45176

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number 615 - 585 - 8319

Full Name of
Designated
Agent

Meadows, Donna, , ,

Mailing Address

80 N High St

Chillicothe

OH

45601

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Secretary

Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Atomic Credit Union

Mailing Address

1326 N Bridge St

Chillicothe

OH

45601

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Amalgamated Bank

Mailing Address

275 7th Avenue

New York

NY

10001

CITY ▲

STATE ▲

ZIP CODE ▲

5(g) or (h). **Joint Fundraising Participant:**

1. _____
2. _____
3. _____
4. _____

FEC ID number

C _____

FEC ID number

C _____

FEC ID number

C _____

FEC ID number

C _____

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Mailing Address

_____-____

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name Meadows, Samantha, , , _____

Mailing Address 80 North High Street _____

Chillicothe OH 45601 - _____

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Vice Treasurer

Telephone Number 740 - 542 - 1191

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc. _____

Mailing Address _____

_____-____

CITY ▲

STATE ▲

ZIP CODE ▲